

DATE:

**Work Verification Request**

NAME:

The above individual has applied for or receives assistance from our Agency. In order to determine eligibility, we need to verify the following information. Your help is greatly appreciated.

☐ The above named person is working \_\_\_\_\_ hours per week starting \_\_\_\_\_

☐ The above named person is volunteering \_\_\_\_\_ hours per week starting \_\_\_\_\_

**This work is (check one):**

☐ Unpaid /volunteer work

☐ In-Kind (Work in exchange for rent or other services) \_\_\_\_\_

☐ Paid employment

Comments: \_\_\_\_\_  
\_\_\_\_\_

Thank you for providing this information.

\_\_\_\_\_  
Name of Employer/Volunteer Agency/Approved Work Program

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

